Best Available Copy

U	inder the Paperwo	ork Plactication Act o	# 1995 <u>,</u> nc	persons are requ	ired to respond	to 4	coffection of Inf	ormation unite	sa il dispis	ys a valid OMB o	control number.
PATENT APPLICATION FEE DETERMINATION RECORD   Application of Determination   10   660   3											3/
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR.	OTHER THAN SMALL ENTITY	
	FOR	MUMB	MUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(M)				•			•	OR		
10	TAL CLAR'S OFR 1.15(c))		minus 20 •		T		×		OR.	×5	
840	EPENDENT CLAS	us l	minus 3 =		1.		x 9	· · · · ·	OR	K3.	
1		OT CLARA PRESE			FR 1.16(d))		**		OR	**	
H									OR.	TOTAL	
"	" If the difference in column 1 is less than zero, enter "O" in column 2.								, CK	TOTAL	
	CLAIMS AS AMENDED - PART II  [O -1 4-0  - (Cotumn 1) (Cotumn 2) (Cotumn 3)							e/IITY	<b>O</b> R	OTHER SMALL	R THAN ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	ARESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
1 5	1002	·80	Minus	" 20	• –		X8=		OR	x s •	
Š	(OF O'R 1,1803)	3_	Minus	* 3	• ~		x s=		CR .	x 5=	
Į₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.18(47))						• \$ =		OR	+5=	
Γ	·						TOTAL ADDL FEE		<b>O</b> R	TOTAL ADOL FEE	•
	(Column 1) (Column 2) (Column 3)										
1 B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL . FEE
Į	Total GFOFR LUSCO	16	Minus	- 20	0		× 5 -		OR	×a	
AMENDMENT	Independent (DF (CFR L.16()))	.3	Minus	<del>-</del> 3	.0		z s   -		OR	K 5	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1961)						\.	7	bя	+21 -	•
		•					TOTAL ADD'L FEE		OR.	TOTAL ADD FEE	
	(Column 1) (Column 2) (Column 3)										•
SEC		CLAIMS REMAINING AFTER AMENDINENT		MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL - FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total Corcus Listo	• //	Minus	- 10	·O		x \	•	or/	x s	
	Independent (37 GFR 1.14GH)	• 2,	Minus	_ ス	·>)		X 8 =		ρA	x s =	
AM	PRIST PRESENT	ATION OF MULTIPLE	E DEPENDI	SLOWIN DI OL	R 1,16(40)		+5		OR .	+ 3	
									OR	TOTAL ADOL FEE	

"If the Prighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the Prighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"If the Prighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"If the Prighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO This will vary depending upon the individual case. Any comments in the unit of time you require to complete this term arriving the Surface, already the found to deter to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ce in completing the form, cell 1-800-PTO-8189 and select option 2